

Membership Application Form

U.S. and Canadian Group

- » The Organization Key Contact — who serves as liaison with the American Marketing Association for your Group Membership — fills out this application form and returns it to the AMA at the address or email groupmembership@ama.org. **(Completing the form electronically is strongly preferred.)**
- » Upon receiving your application, AMA Customer Service distributes a Preferences Form to each member of your group. The members use this form to select preferences and a publication to be included in their membership. Each member is responsible for returning his or her form to the AMA within 7 business days
- » Upon receipt of all the Preference Forms, AMA Customer Service sends the Organization Key Contact an invoice for dues payment for the group. Memberships are activated upon receipt of payment.

Key Contact Name

Prefix First Middle Last Gender Male Female

Key Contact Primary Address

Employer/Institution

Title

Address Type Home Business School

Street Apt/Suite

City State ZIP

Key Contact Phone/E-Mail

Phone Type Home Mobile Office

Area Code Number Extension

Email

Check if you would like to receive limited text messages from the AMA about your membership.

Membership Dues

United States Dues

AMA Membership Dues (4–9 member group) \$255 x (numbers of members) = \$

AMA Membership Dues (10+ member group) \$230 x (numbers of members) = \$

Total Estimated Amount \$

Promo Code

- Member dues include a subscription to Marketing News and one other publication, to be selected by member on the Preferences Form. Additional publications are available at an additional fee.
- Membership in a local chapter is required and is assigned by ZIP code.
- AMA membership is non-transferable.

Canadian Dues

AMA Membership Dues (4–9 member group) \$215 x (numbers of members) = \$

AMA Membership Dues (10+ member group) \$190 x (numbers of members) = \$

Total Estimated Amount \$

Promo Code

Return your complete form with payment to:

American Marketing Association • 130 E. Randolph St., 22nd Floor • Chicago, IL 60601-6320 • Phone: 312.542.9000 or 1.800.AMA.1150 • Fax: 312.542.9001 • AMA.org

Membership Application Form

U.S. and Canadian Group

Member 1

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 2

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 3

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 4

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

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Member 5

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 6

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 7

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 8

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

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Member 9

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 10

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 11

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 12

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

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Member 13

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 14

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 15

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 16

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

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Member 17

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 18

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 19

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 20

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Membership Application Form

U.S. and Canadian Group

Member 21

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 22

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 23

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>

Member 24

Prefix	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	
Company	<input type="text"/>									
Title	<input type="text"/>			Division or Department	<input type="text"/>					
Company Address	<input type="text"/>									
City	<input type="text"/>			State/Province	<input type="text"/>	Postal Code	<input type="text"/>			
Country	<input type="text"/>			E-Mail	<input type="text"/>					
Phone: Type	<input type="text"/>	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>		Extension	<input type="text"/>